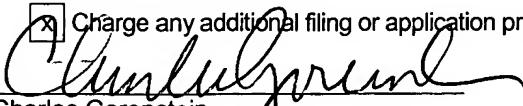


MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

| <b>AMENDMENT TRANSMITTAL LETTER</b>   |                                |                                  |      | Docket No.<br>1907-0205P |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
|---|--------------------------------|----------------------------------|------|--------------------------|--|----------------------------------|--------------------------------|-----------------------------|------|--|--|--------------|----|--------|---|--|--|--------------------|---|-------|---|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|------|--|
| Application No.<br>10/018,574-Conf. #5010   |                                | Filing Date<br>December 20, 2001 |      | Examiner<br>J. Song      |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| Applicant(s): Yuri IWANO  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| Invention: DISK MEDIUM MANAGING METHOD  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <b>MS AF</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>   |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.   |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <b>CLAIMS AS AMENDED</b>  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>17</td> <td>- 20 =</td> <td>x</td> <td colspan="2"></td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>- 3 =</td> <td>x</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="4"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td colspan="2" style="text-align: right;">0.00</td> </tr> </tbody> </table> |                                |                                  |      |                          |  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |  |  | Total Claims | 17 | - 20 = | x |  |  | Independent Claims | 1 | - 3 = | x |  |  | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> |  |  |  | 0.00 |  |
| Claims Remaining After Amendment  | Highest Number Previously Paid | Number Extra Claims Present      | Rate |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| Total Claims  | 17                             | - 20 =                           | x    |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| Independent Claims  | 1                              | - 3 =                            | x    |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| Other fee (please specify):   |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |                                |                                  |      | 0.00                     |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <input type="checkbox"/> No additional fee is required for this amendment.  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.   |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed.  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <input checked="" type="checkbox"/> Credit any overpayment.   |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| <br>Charles Gorenstein<br>Attorney Reg. No.: 29,271  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| Dated: <u>August 2, 2006</u>  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8000  |                                |                                  |      |                          |  |                                  |                                |                             |      |  |  |              |    |        |   |  |  |                    |   |       |   |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |      |  |



Docket No.: 1907-0205P  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Yuri IWANO

Application No.: 10/018,574

Confirmation No.: 5010

Filed: December 20, 2001

Art Unit: 2188

For: DISK MEDIUM MANAGING METHOD

Examiner: J. Song

**AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. 1.116**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated May 12, 2006, finally rejecting claims 1-8, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.